## Best Available Copy

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	PATER	T APPLIA	d persons are required to N FEE DETERMU lute for Form P 10-876	Cappond La A	Henland Trademan	red for use through	ph 7/31/2006, OMB 06 PARTMENT OF COM Serviced OMB control
		STRUÇĂTIO	N FEE DETERMI	VATION BE	cion of Information	Micta it display	PARTMENT OF OOL
•		oudell	ute for Form P 10-875	TO A STATE OF THE	wako ,	Applo	of allo OMB control
		LAIMS AS FILED	DADTA			199	92/2
		(Column 1)				-	
	FOR .		(Column 2		BMALL ENTITY	<b>/</b> :	OTUCO
	BASIC FEE	NUMBER FILED	NUMBER EXTE		- I I I I I I I I I I I I I I I I I I I	OR 👙	OTHER THAN 8MALL ENTIT
	(37 CFR 1.16(a))		TOWN EXTENSION	M L R	ATE FEE	7 1	- THE CHILL
	TOTAL CLITTLE		1.	1. [	TEE	-  L	RATE. Y
٠.	(37 CFR 1.16(c)) INDEPENDENT CLAIMS	minus 20				OR	FE
	(37 CFR 1.16(b))		<del></del>	X 1_		7 -	1
••		minus 3		1.1.		-J OR X	1
	MULTIPLE DEPENDENT OU	NIM PRESENT AT	CCD 4 (A) (A)	× 1	==	OR X	
			OFR 1.16(d))			7 1	
	* If the difference in column	1 ls less than zero, ente	of "O" In column a			OR +	
/	CLAUGE	· ···	ooutiki Z.	TOT	AL.		
- 1	CLATINE	AS AMENDED -	PARTI	-	-	<b>1</b> OR	rotal
1				· .			
		umn 1).	(Column 2) (Column	31			
- 1	他NHO NEW	AIMS AINING:	HIGHEST	SM	ALL.ENTITY .	OR .	OTHER THAN
- 1		TER 1	HUMBER WELLESELE REVIOUSLY EXTRA		The Plant		SMALL ENTITY
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- :	Total  O Profit Life(a)  Life pendent  O Profit Life(a)	Minus "	20 1		FEE	-	TIONAL
· · · [·		Minus ***		X1.25	e   · \ · ]	ļ	FEE
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· }-	FIRST PRESENTATION OF	MULTIPLE DEPENDENT	ANN DE CENTRALE			OR - X FO	70-
ı	. , .		(a) (A) (A) (A)	1 4:180			
- 1				TOTAL		OR +13	
· <b> -</b> -	(Colum	n 1)		ADD'L FEI		OR TOTAL	rein 1
4 .	CLA	Me 1	Column 2) (Column 3)				ree
1 5	AFTE	W N	UMBER PRESENT	RATE			
1. 2	VWCHO!	ICUT I INC	VIOUSLY EXTRA	HALE	ADDI- TIONAL	RAT	_
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2	Independent	Minus ***		X 1 =		W. C. 4133	ALL THE PARTY OF
A		1	=		1 7	OR X.1	=
-	FIRST, PRESENTATION OF MI	ALTIPLE DEPENDENT OF		X1		OR X:	
1		- CHOCKI CO	OM (37-CFR 4.16(d))	"" "4'3" " ~ <u>~</u>	1	<u> </u>	<u>-</u>
				TOTAL	1.13.00 1.48 1.48 E		E
<u> </u>	(Column	 IS		ADD'L FEE	0	R ADD'S DE	
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	total total	Minus **	FOR	1	.TIONAL _1.FEE	FATE	ADDI-
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AMENDMENT	DI CER 1.16011	Minus ***		X &	OR	X \$ " =	1
া ই	FIRST PRESERVE			X 1	. 7		
	FIRST PRESENTATION OF MULT	LIPLE DEPENDENT CLAIM	(37 CFR 1.16/di)		OR.	X 1	1 7
1				+1 =	OR		1
1.	If the entry in column 4 is the		<b>!</b>	TOTAL ADD'L FEE		TOTAL	1
1	if the entry in column 1 is less if the "Highest Number Previou if the "Highest Number Previou The "Highest Number Previous	man the entry in column	12, wille-10" in column 1	WOLLEE [	OR .	ADD'L FEE	
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OTPTO	to process an application is requir	ed by 37 CFR 1.16. Th	ie Information is required	number found in th	s appropriate box in	Calumo 4	1
Antha .		entitles at the second	-7 VV V/V/V, LZZ ANT 37	TYCH 4-4		thille with the	1
end Trad	g galbering, preparing, and sub mount of time you require to co formark Office; U.S. Departmen SS. SEKD TO: Commissional Myou	mplete this form and/or	suggestions form to the USF	TO. Time will vary	denending a nousell	TO TOKO 15 WILLIAM	me (and by the
ADDRES	56. SEND TO: Commissions	of Commerce, P.O. Bo	x 1450, Alekandila VA o	uris burden, chould	pe seul to the Chief	Individual case.	Any comments
		I IVI PATORUL, P.O. BOK	1450, Alexandria, VA 95	111.4/20	I ACIAN LEES US (	More Exercise	er, U.S. Paleni
			spletting the form, call 1-80	V 141893U.			

if you need essistence in completing the form, call 1-800-910-9199 and select option 2